

PART B - FEE(S) TRANSMITTAL

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7590 10/19/2010
 MANELLI DENISON & SELTER PLLC
 ATTN: William H Bollman
 2000 M Street NW
 Suite 700
 Washington, DC 20016



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(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/932,982	08/21/2001	Todd Lagimonier	003636.0115	6823

TITLE OF INVENTION: SYSTEM FOR EFFICIENTLY HANDLING CRYPTOGRAPHIC MESSAGES CONTAINING NONCE VALUES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/19/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS	11/03/2010 SMOHAMM1 00000037 09932982
PYZOCHA, MICHAEL J	2437	726-022000	01 FC:1501 02 FC:1504 03 FC:0001

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page:

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 William H. Bollman
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: TeleCommunication Systems, Inc.
 (B) RESIDENCE: (CITY and STATE OR COUNTRY): Annapolis, MD

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 1

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0687 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: William H. Bollman
 Date: November 2, 2010
 Typed or printed name: William H. Bollman
 Registration No. 36,457

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